

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012768

STATE FILE NUMBER

FILED MAY 14 1959

Registration District No. 82

Primary Registration District No. 5309

Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville Twp</u>		c. CITY OR TOWN <u>Pilot Grove</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi S of Boonville</u>		d. STREET ADDRESS (If outside, give location) <u></u>	
3. NAME OF DECEASED (Type or print) First <u>HERMAN</u> - A - Last <u>GERKE</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>27</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 6, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
13a. FATHER'S NAME <u>Antone Gerke</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Fabendary</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		17. INFORMANT <u>Mrs. Raymond Reuter, Pilot Grove Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock - internal hemorrhage</u> Crushed Chest Injury auto wreck DUE TO (b) <u></u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u></u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto wreck</u>	
20c. TIME OF INJURY Hour <u>6:00</u> a.m. <u>2</u> 27 59 p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>Highway west of Boonville</u>		20f. CITY, TOWN, OR LOCATION <u>Boonville</u> COUNTY <u>Chapin</u> STATE <u>Mo</u>	
21. I attended the deceased from death occurred at <u>5:45 PM</u> at <u>Boonville</u> and last saw her alive on <u></u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. Decker</u> (Degree or title)		22b. ADDRESS <u>Boonville, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar 1, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Ceme</u>		23d. LOCATION (City, town, or country) (State) <u>Pilot Grove, Mo</u>	
24. FUNERAL DIRECTOR <u>Hays Painter, Pilot Grove Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3/13/59</u>	
26. REGISTRAR'S SIGNATURE <u>De Hooper</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

5961 8 NAP

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Robert L. Paul

Licensed Embalmer No. *4069*

P. O. Address *Pilot Grove*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.